

PART B - FEE(S) TRANSMITTAL

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22840 7590 06/28/2010

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GE HEALTHCARE BIO-SCIENCES CORP.
 PATENT DEPARTMENT
 101 CARNEGIE CENTER
 PRINCETON, NJ 08540

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

MELISSA LECK	(Depositor's name)
/MELISSA LECK/	(Signature)
SEPTEMBER 28, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,817	12/07/2006	John Gerard Whateley	PA0356	2866

TITLE OF INVENTION:

Method for Measuring Aromatase Activity

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	09/28/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
Aulakh, Charanjit	1625	546-103000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 YONGGANG JI

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE HEALTHCARE LIMITED

AMERSHAM, GREAT BRITAIN

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502-590.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /YONGGANG JI/

Date SEPTEMBER 28, 2010

Typed or printed name YONGGANG JI

Registration No. 53073

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